STARK COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2023-2025

Stark County
Community Health Needs Assessment
Advisory Committee

Public Health®
Prevent. Promote. Protect.

Finalized: December 2023

ACKNOWLEDGEMENTS

The following local health departments and community agencies contributed to this report:

Local Health Departments

Stark County Health Department
7235 Whipple Ave. NW
North Canton, Ohio 44720
330-493-9904
www.starkhealth.org

Massillon City Health Department
611 Erie St. S
Massillon, OH 44646
330-830-1710
www.massillonohio.gov

Canton City Public Health
420 Market Avenue North
Canton, OH 44702
330-489-3231
www.cantonhealth.org

Alliance City Health Department
537 E. Market St.
Alliance, OH 44601
330-821-7373
www.cityofalliance.com

Stark County Community Health Needs Assessment (CHNA) Advisory Committee

- Access Health Stark County
- Alliance Family Health Center
- Alliance City Health Department
- Aultman Hospital
- Beacon Charitable Pharmacy
- Canton City Public Health
- Canton Regional Area Health Education Center
- Cleveland Clinic Mercy Hospital
- Domestic Violence Project Inc.
- Jackson Township Fire
- LifeCare Family Health & Dental Center
- Margaret B Shipley Child Health Clinic
- Massillon City Health Department
- Metamor5sis
- My Community Health Center
- North Canton Medical Foundation
- Ohio State University Extension Stark County
- Paramount Advantage
- Salvation Army of Canton Citadel
- Stark Community Foundation
- Stark County Community Action Agency
- Stark County Educational Service Center
- Stark County Family Council
- Stark County Health Department
- Stark County Job and Family Services
- Stark County Mental Heath Addiction & Recovery
- Stark Fresh
- Stark Parks
- United Way of Greater Stark County
- VANTAGE Aging
- Youngstown State University

Input, design and layout for this report contributed by:
Tasha Catron, Kay Conley, Kelly Potkay & Jade Borocz (SCHD Intern)

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DEFINITIONS AND ACRONYMS

Definitions

Federally Qualified Health Centers - Community-based health care providers enhancing the provision of primary care services in underserved urban and rural communities.

Health Care System - Organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations with the primary intent to promote, restore or maintain health. The health care system prevents disease and improves quality of life.

Health Disparities - Differences in health status among distinct segments of the population, including differences that occur by gender, race, ethnicity, education, income, disability or living in various geographic localities.

Health Equity - Attainment of the highest level of health for all people. Achieving health equity required valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Health Inequalities - Systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position.

Mental Health Addition & Recovery Board - Effectively administers public funds to achieve the highest quality prevention and treatment services, to promote health behavior, to support rehabilitation, and to advocate for recovery from mental illnesses and substance use issues.

Mental Health System - Organization of people, institutions, and resources that improve the lives or individuals, families, and communities facing substance abuse and behavioral health challenges. The mental health system empowers and enables people to manage their mental health.

Social Determinants of Health - Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.

Acronyms

Local health department (LHD) assessments and plans

CHA - Community Health Assessment

CHIP - Community Health Improvement Plan

LETTER TO THE COMMUNITY

Partnerships and collaborations are of vital importance in promoting health within a community. As part of an ongoing community health assessment process, partners consisting of public health departments, healthcare systems, mental health, social service agencies, and non-profit organizations work together to create a culture of health and wellness within Stark County.

A Community Health Assessment (CHA) was completed in 2022, providing an overview of the current health status of our county. The assessment prioritized health outcomes and assisted in identifying behaviors in the context of social, economic, and environmental factors; the foundations to establishing healthy communities. Community-wide alignment of efforts and resources across all sectors will be essential in combating these factors and promoting health equity and wellness.

During this cycle, the Stark County Community Health Needs Assessment (CHNA) Advisory Committee collaborated with a large health system, a local foundation, public health and the Behavioral Health Collaborative to focus on a one roadmap approach for the priority areas of mental health and access to care. This new approach, with the support of a consultant Thrive at Work, engaged community stakeholders and community members in discussion around the leading health needs and social conditions impacting our communities to identify the goals and strategies to be addressed within Stark County's 2023-2025 Community Health Improvement Plan (CHIP).

The development of our community roadmap to achieve positive outcomes towards the mental health of our residents included a shared vision and core beliefs. The North Star principle "Everyone struggles. No one struggles alone." is our shared vision. The core beliefs utilized includes:

- All people can be well and joyful
- Individual and community health are connected
- Everyone should be connected to community and digital infrastructures
- Collaborations are vital to our success
- Mental health care is health care and is more than avoiding crisis

TOGETHER community stakeholders and community members can work to improve the health of our communities and achieve a healthier Stark County.

Kay Conley, MPA, CHES
CHNA Advisory Committee Chair

EXECUTIVE SUMMARY

The 2023-2025 CHIP provides the framework used by public health, healthcare, and other governmental, education, social, and human service agencies, in collaboration with community partners, to coordinate services, identify shared resources and set priorities. The 2023-2025 CHIP highlights the goals and strategies identified to improve the health outcomes of Stark County residents for the priority areas of mental health and access to care.

The CHNA Advisory Committee organizes a Health Improvement Summit to provide updates, information and data to community members, agencies and stakeholders on the county's assessment process. The 2023 Summit included an overview of the collective behavioral health roadmap where over 150 community stakeholders and members voted on the top five strategies to be addressed within the 2023-2025 CHIP:

- Develop digital technology platform to unify health and human services.
- Increase safe electronic device education to decrease electronic bullying, increase youth stress management skills and sleep, and increase parent behaviors around electronic device management.
- Increase formalized partnerships between behavioral health providers and medical offices/urgent care centers.
- Reduce non-treatment barriers to improve behavioral health access.
- Expand behavioral health supports for school staff within school districts to improve mental cognition and reduce classroom stress.

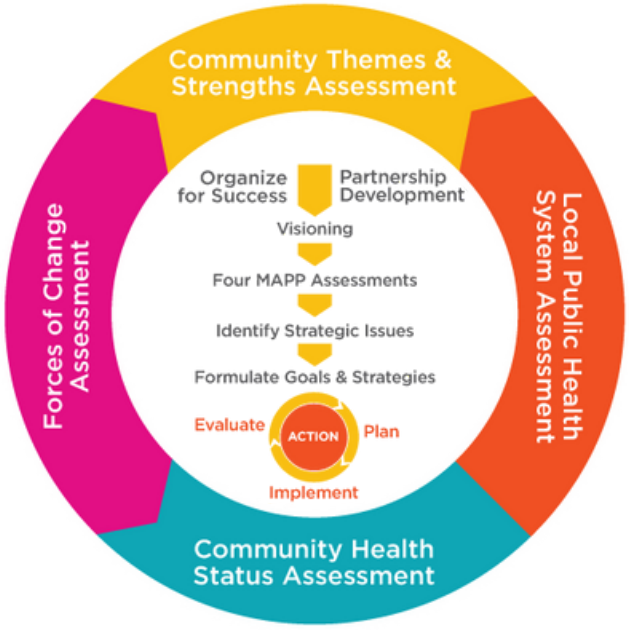
Three CHIP Implementation Workgroups were established in the fall of 2023 to develop action plans with measurable objectives, activities and specific indicators addressing the 2023-2025 CHIP strategies. The workgroups will meet regularly to:

- Review community data
- Discuss community successes & barriers aligning to CHIP priority areas
- Determine best approach to reduce health inequities
- Evaluate CHIP implementation strategies

COMMUNITY HEALTH ASSESSMENT FRAMEWORKS

In 2018, the CHNA Advisory Committee began implementing the Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a strategic planning framework that assists communities with prioritizing public health issues, identifying resources for addressing those issues and developing a shared CHIP. The underlying foundation of this evidence-based approach incorporates three significant components:

- Strategic Planning
- Collaboration
- Quality Improvement



Live Healthy Douglas

The Advisory Committee continues to use MAPP as a guide.

In 2022, the Advisory Committee began utilizing the Culture of Health Action Framework, developed by the Robert Wood Johnson Foundation. The framework identifies priorities organized under distinct action areas for driving measurable, sustainable progress and improving the health and well-being of all people. The Culture of Health Action Framework focuses on:

1. Making health a shared value
2. Fostering cross-sector collaboration
3. Creating healthier, more equitable communities
4. Strengthening integration of health services & systems

COMMUNITY HEALTH IMPROVEMENT TIMELINE

June 2022	Health Improvement Summit Priority Areas Identified
September 2022 - November 2022	Core Team Sessions (3)
December 2022 - February 2023	Community Conversations (3)
March 2023	Mental Health Road Map Completion
June 2023	Health Improvement Summit Focus Strategies Identified
October - December 2023	CHIP Implementation Plans developed by teams
January 2024	2023-2025 CHIP Report and Implementation Plans Finalized

SOCIAL DETERMINANTS OF HEALTH

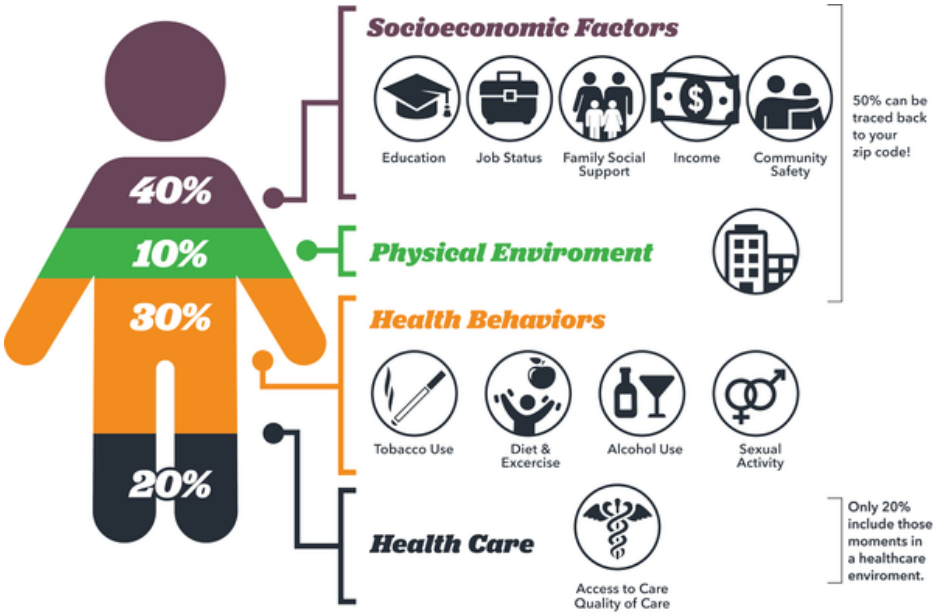
Social determinants of Health (SDOH) are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH have been proven to have a greater influence on health than genetic factors or access to healthcare services. It is said that 80% of what makes up someone's health is determined by what happens outside of the hospital and health clinic.

Social determinants of health are the driving force behind health disparities and have been addressed throughout each of the identified priority areas. Addressing the social determinants of health in every strategy, intervention and program allows us to develop the most equitable community health improvement plan with the goal of having an overarching positive impact on the health of Stark County.

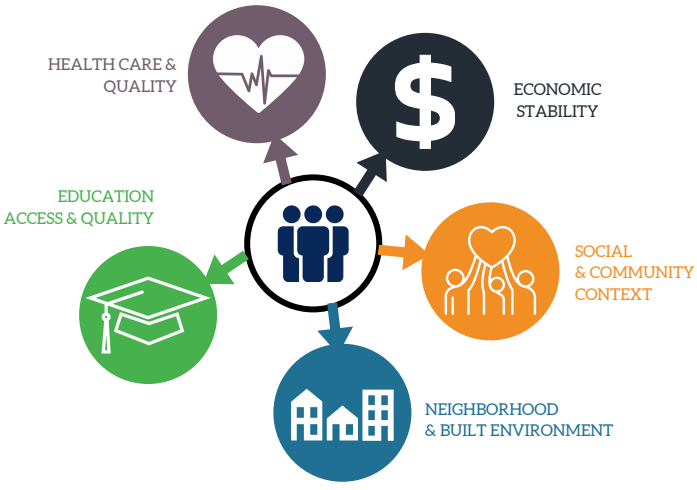
What Goes Into Your Health

The graphic shows the breakdown of different factors that go into a persons health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Social Determinants of Health



Examples of SDOH include:

- Safe housing, transportation & neighborhoods
- Access to nutritious foods & physical activity opportunities
- Racism, discrimination & violence
- Education, job opportunities & income
- Polluted air & water
- Language & literacy skills

EQUALITY VS. EQUITY

Differentiating equity and equality is vital when discussing community health. Understanding the differences between equality and equity is essential in the efforts to reduce health disparities among the vulnerable populations in Stark County.

As illustrated in the figure below, equality provides everyone the same opportunities to achieve an outcome. However, considering everyone has unique needs, these opportunities rarely lead to equal outcomes. Equity acknowledges that every person faces different circumstances, conditions, and needs; therefore, each person needs specific resources and opportunities to thrive. Health equity prioritizes treatment and care based on an individual's needs.

"The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances."
—**Paula Dressel, Race Matters Institute**

COLLABORATIVE EFFORTS

Community agencies or collaboratives have been identified to lead the efforts of the CHIP Implementation Workgroups. These agencies oversee the development, implementation and evaluation of the CHIP Implementation Action Plans.

School-Based Workgroup

Stark County Health Department
SCHD is an accredited health department serving the public health needs of over 250,000 residents through leadership, quality service and community partnerships.

Stark County Educational Service Center
ESC is dedicated to providing quality educational programs, support, and services to increase and enhance learning opportunities for all students.

Formalized Partnerships Workgroup

Alliance Family Health Center
AFHC is a non-profit dedicated to quality, patient-centered care who believes every person should have access to affordable health care.

Lifecare Family Health & Dental Center
Lifecare provides high quality, comprehensive, affordable health services to all persons regardless of ability to pay and health insurance status.

Digital Platform Workgroup

Behavioral Health Collaborative
Behavioral Health Collaborative aims to address socioeconomic barriers to access , create and implement targeted interventions to increase access entry points throughout the community

Stark County Mental Health & Addiction Recovery
StarkMHAR supports wellness and recovery through funding, collaboration, education and advocacy to ensure mental health and addiction prevention, treatment and recovery support services are available to individuals and families.

Access Workgroup

Access Health Stark County
AHSC connects underserved residents to a coordinated system of care and community resources to help manage chronic diseases, reduce infant mortality rates and achieve optimal health outcomes.

Aultman Health Foundation
Aultman is a not-for-profit healthcare organization leading the community to improved health by providing the highest quality care with close to home comfort with an immense amount of experience, knowledge and compassion.

ELIMINATING HEALTH INEQUITIES

When trying to effectively eliminate health inequities, it's important to know, acknowledge, and understand its root causes. Health inequities are in large a result of historic and ongoing structural racism, discrimination, and poverty. Historical events such as redlining have contributed to the unequal distribution of power and resources, leading to differences in health outcomes. Redlining, refers to systematically denying various services (e.g., credit access) to residents of specific neighborhoods, often based on race/ethnicity and primarily within urban communities. Grassroots movements work to eliminate health inequities at the local level by using collective action from community members and volunteers to implement change. Stark County is fortunate to have many community-led social justice movements making changes around various issues related to mental health and access to behavioral healthcare. Below are some community initiatives (although is not all inclusive):

Access Health Stark County - is a non-profit agency that provides access to a coordinated system of health care and community resources for those that are underserved and impacted by community conditions.

Beacon Charitable Pharmacy - is a non-profit licensed pharmacy providing medication, vaccines, education, and support to uninsured and underinsured residents with low to moderate incomes. Beacon coordinates prescription assistance, maximizes resources, and advocates for vulnerable populations.

Community Health Workers & Peer Supporters/Navigators - are frontline agents of change, working in urban and rural environments to help reduce health disparities in underserved communities by connecting residents to the care and resources they need.

EN-RICH-MENT - is an organization that offers youth free after-school music, arts, culinary/nutrition, life skills classes, and job opportunities. Programs offered help bridge the gap between art and community services. Students learn about healthy lifestyles, anti-bullying, and other topics. The organization also makes referrals to essential services such as counseling, food, housing, and support.

Fatherhood Coalition - encourages fathers to take an active and positive role in their child's life by promoting and supporting activities designed to strengthen families.

Grow Into Greatness - promotes mental well-being and supports individuals in their journey toward psychological health by facilitating access to comprehensive mental health services through financial assistance programs. The program aims to foster a nurturing environment by organizing mental health events that promote awareness, knowledge, and engagement.

ELIMINATING HEALTH INEQUITIES

Greater Stark County Urban League - is a positive force within the community enabling African Americans and other underserved populations to reach full economic, social, and health parity to enrich their lives and the lives of their families. This is accomplished through the Five Pillars of Purpose: 1) workforce development, 2) education, 3) housing, 4) health and 5) social justice.

Heart of Ohio Diaper Bank - is a non-profit that distributes free diapers in the community. The diapers provided offer needed emotional and financial stress relief for babies and families; allowing parents to focus on raising happy, healthy kids.

Live Well Stark County - is a local grassroots coalition that works together to make Stark County healthier by promoting policies, systems, and environmental changes that support wellness.

Men of Tomorrow & Women of Tomorrow - is a curriculum-based program offered within the community to address the needs of inner-city students. These students struggle with poverty in their families and within their neighborhoods.

MentorStark - is dedicated to helping every K-12 student develop their pathway to success by promoting more connection between young people and trusted adults. Relationships open up opportunities and making it easier to access resources, build trust and provide a foundation for innovative solutions to social issues.

Metamor5sis - empowers individuals to overcome challenges and/or barriers that interrupt their social emotional/behavioral health and economic sustainability by using an effective 3-Step Process of reflecting, connecting and restoring.

Refuge of Hope Ministries - is a faith-based organization providing shelter, hot meals, clothing, and essential healthcare services to the community. The organization also assists homeless men transition to independence.

StarkFresh - is a non-profit organization tackling the causes of hunger by creating realistic pathways out of poverty; and creating a culture of good nutrition leading to a better quality of life and a community that is rejuvenated, empowered, freed from the restraints of systematic poverty.

Stark Community Support Network - is dedicated to improving the lives of individuals and families in need or crisis by providing culturally and linguistically relevant assistance, programs, and services that empower underserved, low income, and minority populations. to improve . This network improves the quality of life for individuals, families, and the community by identifying needs, linking to available social or clinical services, and providing support to overcome barriers.

STARK COUNTY POPULATION STATISTICS

Population: 372,657

Stark County is the 11th largest county in Ohio by total area

Median age: **41.5** years old

22.5% of our community is 65+ years of age

20.3% of our community is under 18 years of age

7.7% Households in Stark County are single parent

- **2.2% Male householder**
- **5.4% Female householder**
- **4.1% are under 18 years**

13.1% of Stark County is living below the poverty level

- **19.3% are under the age of 18**
- **20.5% are under the age of 5**
- **30% are Black or African American**
- **14.8% are Female**
- **5.0% are Veterans**

6.2% in Stark County are without Health Care Coverage

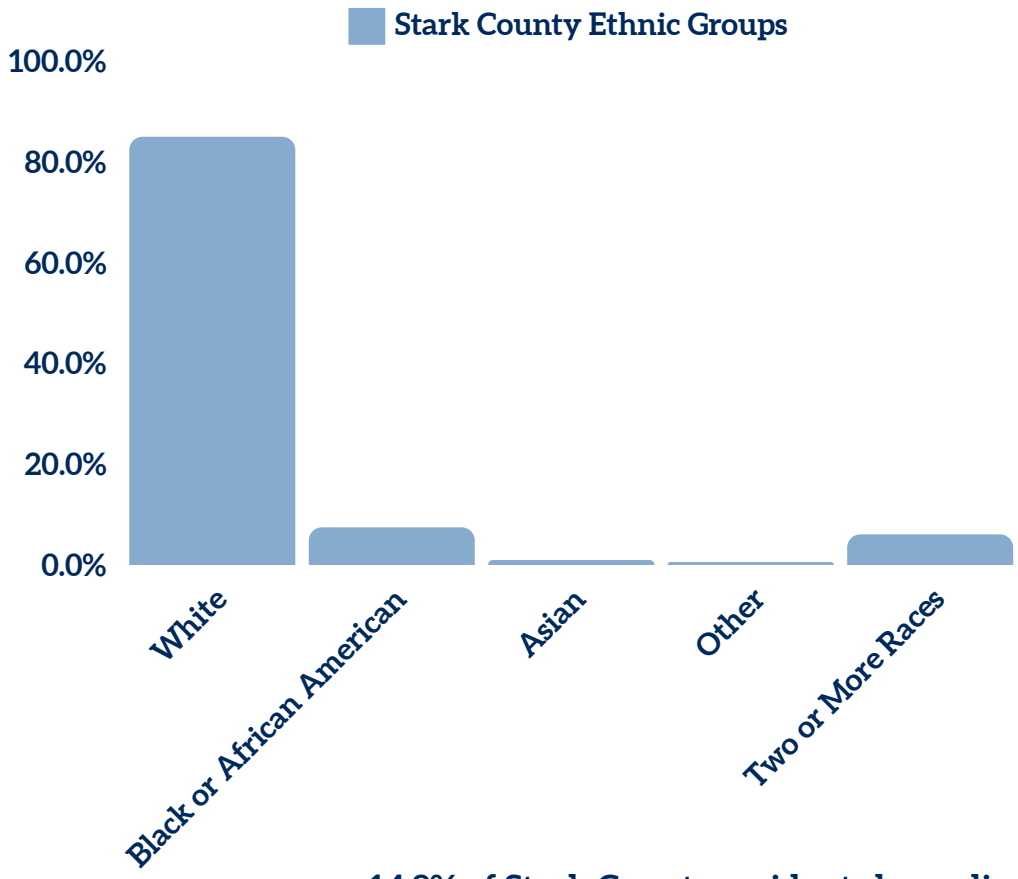
Limited English Speaking Households

- **12.2% Spanish**
- **3.8% Other Indo-European languages**
- **33.3% Asian and Pacific Island languages**

Data Source https://data.census.gov/table?q=Stark+County,+Ohio

STARK COUNTY POPULATION STATISTICS

Data Source https://data.census.gov/table?q=Stark+County,+Ohio



14.9% of Stark County residents have disability

- 15.9% are Male
- 46.6% are 75 years and over

Disability Type

- 3.8% with a hearing difficulty
- 2.1% with a vision difficulty
- 6.4% with a cognitive difficulty
- 7.6% with an ambulatory difficulty

6.4% of the county population have a veteran status

- 92.2% are Male
- 30.8% have a disability

PRIORITY AREAS

Primary data from stakeholders and residents were collected through community surveys and focus groups. Secondary data, specific to Stark County, was reviewed and analyzed from a variety of sources. All of the collected and analyzed data identified mental health and non-treatment barriers to accessing care as top priorities within Stark County.

Why improving mental health in our community is so important?

- 64% of community leaders reported that the issue of mental health was worse than it was 3 years ago. (Source: 2022 CHA)
- More than one-third of students in Stark County have been told by a health care professional they had a mental health issue before the current school year. (Source: Northeast Ohio Youth Health Survey 2021)
- 33.8% of county residents reported a negative change in day-to-day mood, mentality, or general outlook in the past year while, 24.5% reported new feelings of isolation, disconnection, or loneliness. (Source: 2022 CHA)
- 41% of community leaders identified mental and behavioral health as the most common health related need or issue in Stark County. More specifically, the following were mentioned: availability of providers, staffing shortages, timely care, integration of mental health into medical offices such as primary care, depression, and suicide. (Source: 2022 CHA)
- Identified challenges for mental health in Stark County: the need for school based mental health services, emergency departments do not have the capacity to accurately assess and treat those in need of mental health services, and increased social isolation due to the COVID pandemic increasing mental illness and substance use.
  (Source: Voices of Stark County)

Why improving access to care in our community is so important?

- 24% of community leaders reported the issue of access to care is worse than it was 3 years ago. (Source: 2022 CHA)
- 8.1% of residents surveyed did not have health insurance. (Source: 2022 CHA)
- 90.3% of community leaders identified lack of transportation as a barrier preventing residents from receiving necessary care. (Source: 2022 CHA)
- 45% of community leaders reported there are not enough services and programs available in Stark County to address access to care issues. More specifically, the following were mentioned: more providers and locations, transportation and other social determinants of health, lack of information or knowledge of available services, and sites that offer comprehensive services. (Source: 2022 CHA)
- Identified challenges for access & quality of care in Stark County: difficult to access providers, extremely difficult to navigate system, lack of awareness of community resources, cultural bias and stigma, insurance complexities, lack of understanding importance of prevention and overall health literacy in community. (Source: Voices of Stark County)

PRIORITY AREAS

The top five strategies identified to improve the health outcomes of Stark County residents for the priority areas of mental health and access to care were voted on at the 2023 Health Improvement Summit by over 150 community stakeholders and members. CHIP Implementation Workgroups created action plans with measurable objectives, action steps, and specific indicators addressing the identified goals and strategies.

Mental Health

Goal #1
Unify health and human services to address the complexities and disparities that social drivers have on health outcomes of individuals and communities as a whole.
Strategy
Develop digital technology platform to unify health and human services.

Through the use of a technology platform, the creation of a social information exchange network with collaborative partners, health providers and community based organizations will be developed to efficiently connect individuals to multiple resources at the same time in a bidirectional closed loop circuit. This closed loop will allow partners to obtain the knowledge of all care and connections received by these individuals allowing for a trauma informed approach. In addition, large scale aggregate community data and small scale granular data can be monitored to assist in identifying targeted needs in specific geographical areas of communities to allow for allocation of additional resources as well as monitoring improvements in health outcomes of various populations.

Goal #2
Improve patient care coordination among behavioral health providers and medical offices/urgent care centers.
Strategy
Increase formalized partnerships between behavioral health providers and medical offices/urgent care centers.

Seventy percent of people diagnosed with a mental health condition are diagnosed in the setting of their primary care providers office. By formalizing relationships between behavioral health providers and medical offices, the ability to provide whole person care by linking physical healthcare with mental healthcare will occur.

- Goodrich, D. E., Kilbourne, A. M., Nord, K. M., & Bauer, M. S. (2013). Mental Health Collaborative Care and its Role in Primary Care Settings. Current Psychiatry Reports, 15(8). https://doi.org/10.1007/s11920-013-0383-2
- Integrating primary care and behavioral health to address the behavioral health crisis. (2022). www.commonwealthfund.org. https://doi.org/10.26099/eatz-wb65

PRIORITY AREAS

Mental Health

Goal #3

Increase digital wellness and safety for parents and youth.

Strategy

Increase safe electronic device education to decrease electronic bullying, increase youth stress management skills and sleep, and increase parent behaviors around electronic device management.

The use of electronic devices exists in excess, with cell phone use being the most common form of communication worldwide. Excessive use appears within the adolescent and teenage age groups providing instant communication and entertainment. However, evidence suggests that excessive use may negatively impact overall mood and mental wellbeing. This is heavily contributed to the growing mental health crisis for youth.

- Daniyal, M., Javaid, S. F., Hassan, A., & Khan, M. A. (2022). The Relationship between Cellphone Usage on the Physical and Mental Wellbeing of University Students: A Cross-Sectional Study. International Journal of Environmental Research and Public Health, 19(15), 9352. https://doi.org/10.3390/ijerph19159352
- Office of the Assistant Secretary for Health (OASH). (2023, May 23). Surgeon General issues new advisory about effects social media use has on youth mental health. HHS.gov. https://www.hhs.gov/about/news/2023/05/23/surgeon-general-issues-new-advisory-about-effects-social-media-use-has-youth-mental-health.html
- Tanil, C. T., & Yong, M. H. (2020). Mobile phones: The effect of its presence on learning and memory. PLOS ONE, 15(8), e0219233. https://doi.org/10.1371/journal.pone.0219233
- Wacks, Y., & Weinstein, A. (2021). Excessive smartphone use is associated with health problems in adolescents and young adults. Frontiers in Psychiatry, 12. https://doi.org/10.3389/fpsyt.2021.669042

Goal #4

Improve behavioral health supports for school staff within school districts.

Strategy

Expand behavioral health supports for school staff to improve mental cognition and reduce classroom stress.

Teachers and educators are not only fulfilling the educational needs of students, but often become involved with students physical and mental health needs as well. Implementing behavioral health supports within Stark County school districts may help ease the additional burdens of teachers and educators.

- National Association of School Psychologists. (2021). Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists [handout]. Author.
- National Center on Safe Supportive Learning Environments. (n.d.). Implementing School Mental Health Supports: Best Practices in Action. Safe Supportive Learning. https://safesupportivelearning.ed.gov/sites/default/files/13-ImpSchMnHlthSprtBtPrt-508_0.pdf

PRIORITY AREAS

Access to Care

Goal

Improve patient access to behavioral health care and identify funding sources to reduce barriers.

Strategy

Reduce non-treatment barriers to improve behavioral health access.

Individuals in need of behavioral health care may experience non-treatment barriers to accessing care. Common non-treatment barriers related to the social determinants of health include cost, lack of transportation, food insecurities, and lack of childcare. Identifying ways to overcome and provide funding to address these barriers may lesson the impact allowing for equitable access to behavioral health care in Stark County.

- AlegríA, M., NeMoyer, A., Bagué, I. F., Wang, Y., & Álvarez, K. (2018). Social determinants of mental health: Where we are and where we need to go. Current Psychiatry Reports, 20(11). https://doi.org/10.1007/s11920-018-0969-9
- Coombs, N., Meriwether, W. E., Caringi, J., & Newcomer, S. R. (2021). Barriers to healthcare access among U.S. adults with mental health challenges: A population-based study. SSM-Population Health, 15, 100847. https://doi.org/10.1016/j.ssmph.2021.100847

STARK COUNTY RESOURCES & ASSETS

Stark County is rich in community resources and has many assets available to assist the CHNA Advisory Committee work towards the improvement of mental health and access to care.

Please review the Community Health Assessment for a more comprehensive list of Stark County resources and assets:
https://starkhealth.org/government/offices/public_health/community_health_assessment.php

Mental Health

Number of mental health care providers:
1,194

Number of patients per mental health provider:
310

Ratio of population to mental health provider:
310:1

Access to Care

Number of primary care physicians:
300

Number of patients per primary care physician:
1,230

Ratio of population to primary care physician:
1,230:1

https://www.countyhealthrankings.org

1 Mental Health Addiction & Recovery Board

2 Crisis Hotlines

3 Major Mental Health Systems

22 Behavioral Health Centers

2 Major Health Care Systems

3 Federally Qualified Health Centers

11 Community Clinics

14 Urgent/Stat Care Centers

5 Hospitals

https://www.mentalhealthcenters.net/clinics/ohio/stark-county.html

NEXT STEPS

CHIP Implementation

Implementation Workgroups developed and identified goals, objectives, action steps, baseline data and indicators for each of the priority area strategies addressed within the 2023-2025 CHIP.

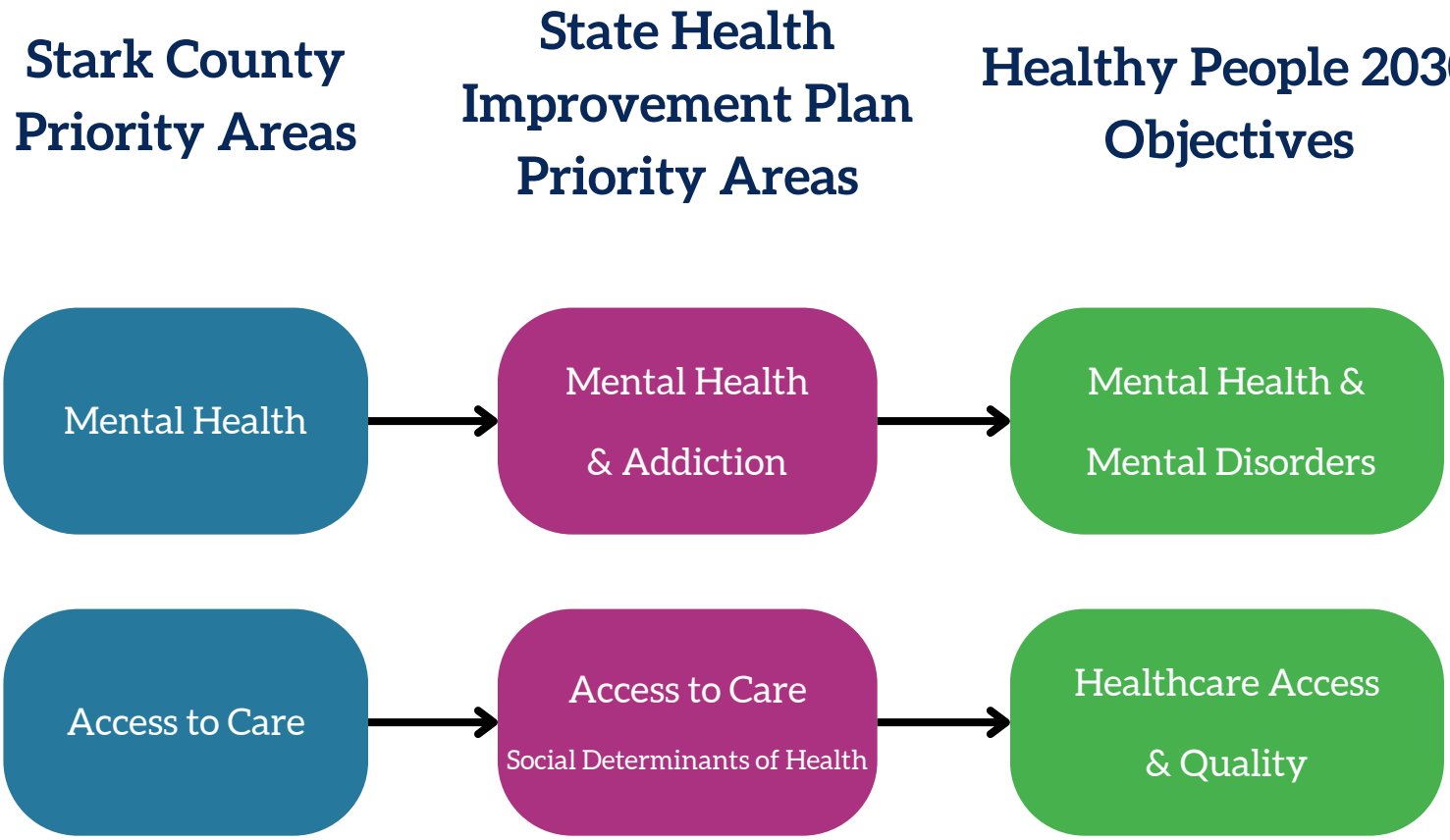
CHIP Evaluation

The Implementation Workgroups, in conjunction with the CHNA Advisory Committee will conduct an annual evaluation of the 2023-2025 CHIP progress. Goals and objectives will be revised based on the outcome of evaluation reports. Action steps and evaluation measures will be tracked with the Clear Impact Performance Management Software System

Next CHA Cycle

A community health needs assessment cycle is an ongoing process to identify priority areas, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. The CHNA Advisory Committee will initiate the next community health assessment cycle in 2024.

STATE & NATIONAL PRIORITY AREA ALIGNMENT



APPENDIX A: PARTICIPANTS

2023 Community Health Improvement Implementation Workgroups

Digital Technology Workgroup
Dr. Anju Mader, Chief Integration Officer of Behavioral Health Collaborative & Stark County Mental Health & Addiction Recovery (StarkMHAR)
John Aller, StarkMHAR
Kirk Norris, Stark County Health Department
Kay Conley, Stark County Health Department
Jim Adams, Canton City Public Health
Amanda Archer, Canton City Public Health
Dr. John Humphrey, North Canton Medical Foundation
Marisa Rohn, Sisters of Charity Foundation
Amy Krebs, Stark Community Foundation
Mary Helen Petrus, Stark Community Foundation
Liza Zellers, Aultman Health Foundation
Mark Wright, Aultman Hospital
Anne Gunther, Aultman Hospital
Sherice Freeman, City of Canton
Angela Perisic, United Way of Greater Stark County
Allen Harold, Stark County Auditor
Joe Chaddock, Stark County Educational Service Center

Formalized Partnerships Workgroup
Amanda Nelson, Alliance Family Health Center
Ashley Tucker, Alliance Family Health Center
Kay Conley, Stark County Health Department
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Eric Niemeyer, Lifecare Family Health & Dental Center
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Amelia Kocher, Alliance Family Health Center
Amy Hallett, Emerald Pine
Terri Gamble, CommQuest
Michele Heberling, CommQuest
Grete Heatherly, CommQuest
Tasha Catron, Stark County Health Department
Kay Raga, NAMI
Michael Gallina, Aultman Health Foundation
Douglas Smith
Lindsay Kercennek

School-Based Workgroup
Patti Fetzer, Stark County Educational Service Center
Kay Conley, Stark County Health Department
Amanda Kelly, Stark County Health Department
Tasha Catron, Stark County Health Department
Kelly Potkay, Stark County Health Department
Leslie Shaffer, Alliance City Health Department
Amanda Beaver, Aultman Hospital
Julie Anthony, Stark County Prosecutor's Office
Dr. Anju Mader, StarkMHAR
Jim Knight, Stark County Prosecutors Office
Donna Edwards, StarkMHAR
Marisa Rohr, Sisters of Charity
Shannon McMahon Williams, Sisters of Charity
Katie Markham, Massillon City Health Department
Terri Argent, Massillon City Health Department
Adrianne Price, United Way of Greater Stark County
Monica Mlinac, Ohio Guidestone
Chelsea Tong, Ohio Guidestone
Jodi Mitchell, Aetna OhioRise
Mary Helen Petrus, Stark Community Foundation

Access Workgroup
Cindy Linger, Access Health Stark County
Lisa Zeller, Aultman Hospital
Kay Conley, Stark County Health Department
Amanda Kelly, Stark County Health Department
Tasha Catron, Stark County Health Department
Kelly Potkay, Stark County Health Department
Leslie Shaffer, Alliance City Health Department
John Aller, StarkMHAR
Michelle Boone, StarkMHAR
Dr. Anju Mader, StarkMHAR
Yvette Graham, The Ohio State University Extension
Abby Griffith, Coleman Health Services
Scott Hajba, Light After Loss
Amanda Nelson, Alliance Family Health Center
Marissa Rohn, Sisters of Charity
Anita Combs, Massillon City Health Department
Adrianne Price, United Way of Greater Stark County

APPENDIX A: PARTICIPANTS

Stark County Health Improvement Summit

** Identifies participants who attended in 2022 & 2023*

Abigail Jenkins, Stark County Health Department
Adele Holzer, StarkMHAR *
Adrianne Price, United Way of Greater Stark County
Alex Nibling, Stark County Community Action Agency
Alexis Dupont, Canton Regional AHEC Scholar
Alexis Phillips, StarkFresh
Allie DeVore, Stark County Health Department
Allison Esber, StarkMHAR
Allyson Rey, StarkMHAR
Amanda Archer, Canton City Public Health *
Amanda Barna, Center for Marketing and Opinion Research
Amanda Kelly, Stark County Health Department
Amanda Nelson, Alliance Family Health Center Inc. *
Amanda Stone, Canton Cith Public Health
Amanda Uhler, Stark County Health Department *
Amelia Kocher, Alliance Family Health Center Inc. *
Ammar Keswani, Canton Regional AHEC Scholar
Amy Antonacci, Aultman Alliance Community Hospital
Amy Krebs, Stark Community Foundation *
Angela Kenst, Massillon Health Department
Angela Perisic, United Way of Greater Stark County
Anita Combs, Massillon City Health Department *
Anju Mader, StarkMHAR *
Anne Taylor, Aultman Health Foundation *
Ashley Tucker, Alliance Family Health Center, Inc.
Aubrey Neuenschwander, Stark County Health Department *
Audrey Sylvester, Massillon City Health Department
Benjamin Alderfer, Aultman Health Foundation
Brandon Hodge
Brent May, Plain Local Schools
Brett Yeagley, Canton Local Schools
Brittany Dean, Access Health
Brittany Paliswat, United Way of Greater Stark County *
Brittney Koch, Oak Street Health
Brock Bucklew, Canton City Public Health
Carol Risaliti, Beacon Charitable Pharmacy *
Carolyn Ferrell, Beacon Charitable Pharmacy
Cazz Smith, Access Health Stark County Inc.
Chelsea Tong, OhioGuidestone
Cheryl Christ, Aultman Health Foundation
Chris Cugini, Stark County Health Department
Christina Barardinelli, Canton City Public Health
Christine Dyer, Alliance Family Health Center
Cindy Ebner, Consultant
Cindy Hickey, Cleveland Clinic Mercy Hospital
Cindy Linger, Access Health Stark County Inc. *
Claire Haswell, Canton Regional AHEC Scholar
Cleo Lucas
Craig Eynon, Northeast Ohio Medical University
Crystal N Dunivant, NEOMED
Dale Wells, Northeast Professional Home Care, Inc.
Dan Gichevski, Stark County Family Council *
Danielle Grimm, Canton City Public Health
Danny Thompson, Access Health Stark County Inc.
Dawn Miller, Canton City Public Health/ Stark OEI
Denise Seachrist, Kent State
Denny Tan, Jackson Township Fire Department
Diane Wilson, Stark County Family Court *
Donna Daniels, Access Health Stark County Inc.
Donna Edwards, StarkMHAR
Douglas Colmery, StarkFresh
Dr. John Humphrey, North Canton Medical Foundation
Draya Ellis, Access Health Stark County Inc. *
Dylan Graef, AHCC
Eboni Butler, Access Health Stark County Inc.
Elena Aslanides-Kandis, StarkMHAR
Elonda Williams, Access Health Stark County
Emily Edwards, Alliance City Health Department *
Emma Singleton, Access Health Stark County Inc.
Erin Ivers, StarkMHAR
Erin Wise, Massillon City Health Department
Erma Smith, Retired educator/concerned citizen
Eugene Lingenhoel, The Legacy Project of Stark
Garrett Brown, Employer Health
Haley Hake, Aultman Health Foundation
Heidi Freshour, Beacon Charitable Pharmacy *
Holly Bandy, The Ohio State University Extension *
Ian Black, Canton Regional AHEC Scholar *
Isaac Baez, Summa Health Equity Center
Jack Ricchiuto, Thrive at Work
Jackie Fewings, Stark County Family Council
Jaclyn Coyle, United Way of Greater Stark County
Jamar Williams, Cleveland Clinic Mercy Hospital *
James Adams, Canton City Public Health
James Fye, HEALing Communities Study

APPENDIX A: PARTICIPANTS

Stark County Health Improvement Summit

** Identifies participants who attended in 2022 & 2023*

Jan Trieff, Lifecare Family Health & Dental Center
Janet Frank, Canton City Public Health
Jason Mogus
Jeannine Fogle, Access Health Stark County Inc. *
Jen Margolis, Thrive at Work
Jen Richeson, StarkMHAR
Jennie Msangi, CLW
Jennifer McIntosh, StarkMHAR
Jennifer Welsh, Stark Library
Jessica Boley, Canton City Public Health *
Jessica Jones, Oak Street Health
Jim Adams, Canton City Public Health
Jim Saxer, Dalton Local Schools
Jim Stanford, YMCA of Western Stark County
Jo Phillips, Stark County District Library
JoAnn Krivetzky, Aultman Hospital *
Jodi Mitchell
John Aller, StarkMHAR *
John Humphrey, North Canton Medical Foundation
John Richard, Stark Education Partnership
John Schuster, Access Health Stark County
Jolene Bloomquist, Help Me Grow *
Joseph French, Child and Adolescent Behavioral Health
Joy Burch, Aultman Health Foundation
Julie Donant, Domestic Violence Project, Inc.
Justin Kuemerle, Canton City Public Health
Justina Gorman, StarkMHAR
Kaelyn Boyd, Canton City Public Health *
Kaitlyn Moyes, The Salvation Army of Canton
Karen Abel Jepsen, Canton Regional AHEC *
Karla Heinzer, Canton Department of Community Development
Kay Conley, Stark County Health Department *
Keeley Horning, Stark County Health Department
Kellie Johnson *
Kelly Potkay, Stark County Health Department
Kelsey McElroy
Kimberly Genis, Stark County Family Court *
Kirk Norris, Stark County Health Department *
Korena Pow, YWCA
Kristina Gantz, Canton City Public Health
Lana Ulrich, AHEC Scholar
LaNinka Harper, Access Health Stark County Inc.
Laura Roach, Canton City Public Health
Leslie Shaffer, Alliance City Health Department
Linda Adams, Stark County Family Council
Lisa Vacha, Aultman Specialty Hospital
Lisa Zellers, Aultman Health Foundation *
Liz Edmunds, Aultman Health Foundation
Lynn Gastin, Aultman Hospital
Lynne Dragomier, Access Health Stark County Inc
Madison Horrigan, Canton Regional AHEC Scholar
Major Jody Kramer, The Salvation Army of Canton
Mallory Floyd, Stark County Educational Service Center
Marianna DiGiacomo, Stark County District Library
Marisa Rohn, Sisters of Charity Foundation of Canton
Marissa Trubatch, Stark County Community Action Agency
Mark Parent, Plain Local Schools
Mark Wright, Aultman
Matthew Hill, AVO Behavioral Health and Recovery
Maureen Austin, Community Building Partnership of Stark County Inc. *
McKenzie Chine, Canton Regional AHEC Scholar
Melissa Rudolph, Alliance City Health Department *
Michele Boone, StarkMHAR *
Michele Shaffer, Louisville City Schools
Michelle Edison, Mahoning County Public Health
Mikayla Dallacheisa, Canton Regional AHEC Scholar
Mike Gallina, AultCare *
Monica Mlinac, OhioGuidestone
Nicole King, AVO Behavioral Health and Recovery
Olivia Clokey, StarkMHAR
Pamela Gibbs, Canton City Public Health
Pamela Lung, Child and Adolescent Behavioral Health
Panther Spurlin, Stark Metropolitan Housing Authority
Patti Fetzer, Stark County Educational Service Center
Paul Depasquale, Stark County Health Department*
Randy Flint, Alliance City Health Department *
Rashad Burkes, Stark County THRIVE *
Rebekah Silla, Perry Local Schools
Rho Nutter, Coleman Professional Services
Robert Knight, Canton City Public Health *
Ron Bammerlin, StarkMHAR *

APPENDIX A: PARTICIPANTS

Stark County Health Improvement Summit

** Identifies participants who attended in 2022 & 2023*

Ryan Sullivan, Jackson Township Fire Department
Sam Zern, Canton Repository
Sarah Boda, United Way of Greater Stark County
Sarah Davis, Alliance Family Health Center
Sarah DiMascio, Stark ESC
Sarah Thomas, Canton City Public Health *
Scott Applegate, Stark County Health Department
Serena Draper Hendershot, Canton City Public Health
Shana Smith, YWCA Canton
Shanna Kuikahi, Stark County Health Department *
Shannon Oritz, Light after Loss @ The Hope and Healing Center
Shannon Williams, Sisters of Charity Foundation of Canton
Shawn Wise, YMCA of Central Stark County
Stacy Kelly, Access Health Stark County
Stacy Remark, North Canton Medical Foundation*
Steph Pugh, LifeCare Family Health & Dental Center
Stephanie Hann, Stark County Health Department
Stephanie Kutcher, StarkMHAR
Stephanie Wheeler, Cleveland Clinic Mercy Hospital
Suzi Lantz, Personal Peak Consulting
Tasha Catron, Stark County Health Department *
Tenicia James, YWCA Canton
Teresa Tyson, Stark County Health Department
Terri Argent, Massillon City Health Department
Tessa Hess, Stark County Job and Family Services
Earles, Hartville Migrant Ministry
Tiffany Biedenbach, Canton City Public Health
Tiffany Walker, Stark County Jobs and Family Services
Tiffany Williams, Stark County Family Council *
Tom Phillips, StarkFresh *
Tonya Wagler, Access Health Stark County Inc. *
Tracy Glaser-Bacon, Domestic Violence Prokect, Inc.
Victoria Hahn, Canton Regional AHEC Scholar
Will Hubert, Beacon Charitable Pharmacy
William Robinson, Alliance City Health Department
Yenis Herandez, Access Health Stark County Inc.
Yvette Graham, The Ohio State Expanded Food and Nutrition Education Program
Zana Zawahri, Walsh University

Contact Information

Kay Conley, MPA, CHES
Director of Administration and Support Services

Stark County Health Department
7235 Whipple Ave. NW
North Canton, Ohio 22720

(330) 451-1446

conleyk@starkhealth.org

Public Health
Prevent. Promote. Protect.

Priority Area 1 - Mental Health

CHIP Formalized Partnership Action Plan

Planning Period: January 1, 2023 - December 31, 2025

Goal: Improve Patient Care Coordination Among Behavioral Health Providers & Medical Offices/Urgent Care Centers.

Team Members: Amanda Nelson, Ashley Tucker, Eric Niemeyer, Kay Conley, Amanda Kelly, Kelly Potkay, Michelle Boone, Monica Mlinac, Cindy Hickey, Dr. John Humphrey, Emily Edwards, Stephen Inchak, Amelia Kocher, Amy Hallett, Terri Gamble, Lindsay Kercennek, Michele Heberling, Grete Heatherly, Michael Gallina, Kay Rega, Tasha Catron, Douglas Smith

Objective	Action Steps	Accountability	Inclusive Population (Addressing Health Inequities)	Evaluation/Measure	Health Equity Strategy/Policy
Strategy: Increase Formalized Partnerships Between Behavioral Health Providers & Medical Offices/Urgent Care Centers.					
By June 30, 2023, gather community input around mental health and access priority areas.	**2023 Q1** - facilitate core group and stakeholder meetings. **2023 Q1-Q2** - organize and implement community conversations. **2023 Q2** - identify CHIP strategies. **2023 Q3** - present and vote on identified CHIP strategies at Health	THRIVE at Work StarkMHAR	Community Members	# of core group meetings # of community conversations # of stakeholder meetings # of community participants # of Summit participants	PuttingtheCoHActionFramework toUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO

By December 31, 2023, initiate CHIP Implementation Workgroup to develop action plan.	**2023 Q3** - organize Formalized Partnership CHIP Implementation Workgroup. **2023 Q3-Q4** - determine lead agencies and identify missing stakeholders and sectors. **2023 Q4-2024 Q1** - develop CHIP Implementation Action	AFHC Lifecare SCHD	Multi-Sectors	# of CHIP workgroup meetings # of CHIP workgroup participants # of sectors involved in planning	PuttingtheCoHActionFramework toUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO
By September 30, 2024, gather baseline data surrounding existing formalized partnerships to identify interest and additional enhancement areas.	**2024 Q1** - develop survey. **2024 Q2-Q3** - administer survey to behavioral health providers and medical offices/urgent care centers. **2024 Q4** - aggregate survey results, determine baseline data and identify interested providers. **2025 Q1** - establish working relationship with interested providers. **2025 Q2-Q4** - work with providers to address interest and enhancement areas	AFHC Lifecare SCHD StarkMHAR	Behavioral Health Providers Medical Offices Urgent Care Centers	# of administered surveys # of completed surveys # of interested providers/offices # of current formalized partnerships (MOU/BAA)	Six levels of Collaboration/Integration (SAMHSA-HRSA Center for Integrated Health Solutions).

By December 31, 2024, develop educational materials for behavioral health providers and medical offices/urgent care centers.	**2024 Q1-Q3** - develop educational materials to enhance interagency patient care coordination efforts, community resource awareness, referral and screening processes, the importance of collaboration and the relationship between mental and physical conditions. **2024 Q4-2025 Q2** - distribute educational materials to behavioral health providers and medical offices/urgent care centers.	StarkMHAR CommQuest Coleman Professional Services AFHC Lifecare SCHD	Behavioral Health Providers Medical Offices Urgent Care Centers	# of educational materials developed # of educational materials distributed # of behavioral health providers received educational materials # of medical offices received educational materials # of urgent care centers received educational materials	
By December 31, 2025, provide mental health training for primary care providers addressing behavioral health identification, resources, referrals, standardized screening tools, record sharing, patient management, etc.	**2024 Q1-Q3** - identify appropriate training materials/content **2024 Q4** - develop training **2025 Q1** - promote training **2025 Q2-Q4** - implement training	StarkMHAR CommQuest Coleman Professional Services	Medical Offices Urgent Care Centers	# of trainings # of medical offices trained # of urgent care centers trained Types of trainings available # of individuals trained	

By December 31, 2025, establish a countywide universal records release covering 45 and 42 CFR for interagency data sharing.	**2024 Q1** - review existing records release forms. **2024 Q2** - research process for establishing universal records release form. **2024 Q3** - present process for establishing universal records release form at Health Improvement Summit. **2024 Q4** - create universal records release form. **2025 Q1** - distribute universal records release form to behvioral health providers and medical offices/urgent care	StarkMHAR CommQuest Coleman Professional Services AFHC Lifecare SCHD	Patients/Clients	# of behavioral health providers utilizing universal records release form # of medical offices utilizing universal records release form # of urgent care facilities utilizing universal records release form # of new formalized partnerships (MOU/BAA)	HIPAA Privacy Rule: 45 CFR 164.506 (42 CFR)

Revised: 12/26/2023

Priority Area 1 - Mental Health
CHIP School-Based Action Plan

Planning Period: January 1, 2023 - December 31, 2025

Goal #1: Increase digital wellness and safety for parents and youth.

Goal #2: Improve behavioral health supports for school staff within school districts.

Team Members: Julie Anthony, Jim Knight (Stark County Prosecutors Office), Amanda Beaver (Aultman Ambassadors), Leslie Shaffer (Alliance City HD), Donna Edwards and Anju Mader (StarkMHAR), Marisa Rohr and Shannon McMahon Williams (Sisters of Charity), Katie Markham and Terri Argent (Massillon City HD), Adrianne Price (United Way), Monica Mlinac and Chelsea Tong (Ohio Guidestone), Jodi Mitchell (Aetna OhioRise), Mary Helen Petrus (Stark Community Foundation), Patti Fetzer (ESC), Amanda Kelly, Kelly Potkay, Tasha Catron and Kay Conley (Stark County Health Department)

Co-Leads: Patti Fetzer and Kay Conley

Objective	Action Steps	Accountability	Inclusive Population (Addressing Health Inequities)	Evaluation/Measure	Health Equity Strategy/Policy
Strategy #1: Increase safe electronic devise education to decrease electronic bullying, increase youth stress management skills and sleep, and increase parent behaviors around electronic devise management.					
By June 30, 2023, gather community input around mental health and access priority areas.	**2023 Q1** - facilitate core group and stakeholder meetings. **2023 Q1-Q2** - organize and implement community conversations. **2023 Q2** - identify CHIP strategies. **2023 Q3** - present and vote on identified CHIP strategies at Health Improvement Summit.	Thrive at Work Stark Community Foundation StarkMHAR	Community Members	# of core group meetings # of community conversations # of stakeholder meetings # of community participants # of Summit participants	PuttingtheCoHActionFrameworktoUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO

By December 31, 2023, initiate CHIP Implementation Workgroup to develop action plan.	**2023 Q3** - organize Mental Health CHIP Implementation Workgroup. **2023 Q3-Q4** - determine lead agencies and identify missing stakeholders and sectors. **2023 Q4-2024 Q1** - develop CHIP Implementation Action Plan.	SCHD ESC StarkMHAR	Multi-Sectors	# of CHIP workgroup meetings # of CHIP workgroup participants # of sectors involved in planning	PuttingtheCoHActionFrameworktoUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO
By December 31, 2025, decrease youth that have been electronically bullied (texting, Instagram, Facebook, or other social media) in the past 12months from 40% to 25%.	**2024 Q2** - review content youth are getting in health classes and StarkMHAR funded prevention programming (how often, what grade/age). **2024 Q2** - identify schools currently receiving presentations provided by Prosecutors Office and other programs (ex.ROX). **2024 Q3** - identify non-school-based programs that reach children with the Resiliency training (Boys and Girls Club, Mentor Stark, Girl Scouts, Tom Tod etc.). **2024 Q2** - research resources **2024 Q4** - administer programming to schools and parents. **2024 Q4** - administer training to staff for non-school-based training and parents. **2025 Q1** - identify peer to peer through social media (pod casts, influencers, youth led groups, Youth Move through	CHIP School-Based Implementation Workgroup Prosecutors Office StarkMHAR School District Health Teachers SCHD Family Council's Trauma & Resiliency Committee ESC	Youth (7-12th grade) Specific zip codes/districts High Risk Schools (identified by school results if available, anecdotal data, or interest from school district	OHYES! Stark County Results. (Baseline, Table 35: % of youth responding they have been electronically bullied during past year) School based surveys of schools participating in programming, if available # of schools currently receiving programming (prosecutor's office/ROX/etc.) # of students participating # of trainings administered # of parents trained # of non-school based	Assessment of the Impact of Social Media on the Health and Wellbeing of Adolescents and Children | National Academies Digital guidelines: Promoting healthy technology use for children (apa.org)

	NAMI, etc.).			staff trained	
By December 31, 2025, increase youth who limit social media as a coping strategy when they are stressed out from 15.24% to 30%.	**2024 Q2** - identify schools for presentations provided by Prosecutors Office. **2024 Q3** - identify non-school-based programs that reach children with the Resiliency training and other programming. **2024 Q4** - administer programming to schools. **2024 Q4** - administer training to staff for non-school-based training focused on coping strategies.	Prosecutors Office CHIP School-Based Implementation Workgroup Family Council's T&R Committee SCHD	Youth (7-12th grade) Specific zip codes/districts High Risk Schools (identified by school results if available, anecdotal data, or interest from school district)	OHYES! Stark County Results. (Baseline, Table 62 % of youth responding limited social media as stress management strategy) School based surveys of schools participating in programming, if available # of students participating in programing # of trainings administered # of parents trained # of non-school based staff trained	FACT SHEETS - Social Media and Youth Mental Health for Adults Youth Internet Safety Education: Aligning Programs With the Evidence Base Teaching Digital Citizens in Today's World: Research and Insights Behind the Common Sense Digital Citizenship Curriculum Commonsense teachers guide to social emotional
By December 31, 2025, increase the frequency that parents limit electronics devices often from 13.71% to 30%.	**2024 Q2** - review content youth are getting in health classes and StarkMHAR funded prevention programming (how often, what grade/age). **2024 Q2** - identify schools currently receiving presentations provided by Prosecutors Office and other programs (ex.ROX). **2024 Q3** - identify non-school-based programs that reach children with the Resiliency training (Boys and Girls Club, Mentor Stark, Girl Scouts, Tom	CHIP School-Based Implementation Workgroup Prosecutors Office School District Family Support Specialists ECRC Family Council	Youth (7-12th grade) Programs/Agencies working with urban and underserved youth Programs/Agencies serving parents	OHYES! Stark County Results. (Baseline, Table 14 % of youth responding parents limit electronics) School based surveys of schools participating in programming, if available # of trainings administered # of parents trained # of toolkits/resources	Social Media & Your Child's Mental Health: What the Research Says - HealthyChildren.org Jackson Local purchased program for parents/teachers https://smartsocial.com/members - program includes safe digital/social media guidance (only district in state to access this per Todd, Jackson Local Communication Director)

	Tod etc.). **2024 Q1** - research resources. **2024 Q4** - administer programming to schools and parents. **2024 Q4** - administer training to staff for non-school-based training and parents. **2025 Q1** - identify peer to peer through social media (pod casts, influencers, youth led groups, Youth Move through NAMI, etc.).			distributed # of pediatric offices/clinics reached # of individuals reached through media campaign	Law gives parents more control over kids' use of social media | The Vindicator
By December 31, 2025, increase the students that report 8hrs or more sleep on an average school night from 21.64% to 30%.	**2024 Q1** - identify schools for presentations provided by Prosecutors Office to add sleeping focus. **2024 Q2** - identify non-school-based programs that reach children with the Resiliency training and add sleeping focus. **2024 Q4** - administer programming to schools. **2024 Q4** - administer training to staff for non-school-based training. **2025 Q2** - include resources for increasing sleep in educational materials to pediatricians and other groups working with parents.	Family Council's Trauma & Resiliency Committee Prosecutors Office StarkMHAR SCHD Pediatric Offices/Clinics CHIP School-Based Implementation Workgroup	Youth (7-12th grade) Specific zip codes/districts High Risk Schools (identified by school results if available, anecdotal data, or interest from school district Programs/Agencies working with urban and underserved youth	OHYES! Stark County Results. (Baseline, Table 56: % of youth reporting 8hrs or more of sleep on average school night) School based surveys of schools participating in programming, if available # of students participating # of toolkits/resources distributed # of training administered # of non-school based staff trained	

Objective	Action Steps	Accountability	Inclusive Population (Addressing Health Inequities)	Evaluation/Measure	Health Equity Strategy/Policy
Strategy #2: Expand behavioral health supports within school districts to improve mental cognition and reduce classroom stress.					
By June 30, 2023, gather community input around mental health and access priority areas.	**2023 Q1** - facilitate core group and stakeholder meetings. **2023 Q1-Q2** - organize and implement community conversations. **2023 Q2** - identify CHIP strategies. **2023 Q3** - present and vote on identified CHIP strategies at Health Improvement Summit.	Thrive at Work Stark Community Foundation StarkMHAR	Community Members	# of core group meetings # of community conversations # of stakeholder meetings # of community participants # of Summit participants	PuttingtheCoHActionFrameworktoUse.pdf Mobilizing for Action throughPlanning and Partnerships (MAPP) - NACCHO
By December 31, 2023, initiate CHIP Implementation Workgroup to develop action plan.	**2023 Q3** - organize Mental Health CHIP Implementation Workgroup. **2023 Q3-Q4** - determine lead agencies and identify missing stakeholders and sectors. **2023 Q4-2024 Q1** - develop CHIP Implementation Action Plan.	SCHD ESC StarkMHAR	Multi-Sectors	# of CHIP workgroup meetings # of CHIP workgroup participants # of sectors involved in planning	PuttingtheCoHActionFrameworktoUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO
By, August 1, 2024, administer survey and review data from at least 2 school districts schools.	**2024 Q1** - identify a tools/survey (that already exists) and build on their plans (Aultman Ambassadors surveys or survey done with health providers). **2024 Q1** - create survey to administer to staff to identify what types of BH supports they would like. **2024 Q3** - Identify baseline for current BH supports offered	Aultman Ambassadors and/or Aultcare and/or Mutual Health Services ESC School District Admin & Supers CHIP School-Based Implementation Workgroup	Willing School Districts	# of surveys completed # of schools interested in participating # of schools where BH is currently being offered	Findings from the 2023 State of the American Teacher Survey

	within school districts by collecting data from school districts. **2024 Q1** - research BH options to include in survey of school staff as options (as well as include option to provide feedback).				
By December 31, 2025, increase the number of behavioral health supports offered to school staff within their school districts by 50%.	**2024 Q2** - identify from survey and from research, BH support and the different agencies that could provide to school staff. • Options- Grief support- Life line suicide prevention for educators (pilot) • Options- Yoga (for laughter) (OSU Extension) **2024 Q3** - identify target school districts interested in piloting offering BH supports to school staff.	CHIP School-Based Implementation Workgroup 1a & b StarkMHAR, OSU Ext, other local programs	Identified schools with interest and/or areas of SVI or vulnerable communities	# surveys completed # of support currently being offered to staff # of schools/districts interested in participating in the project	Building_a_Culture_of_Staff_Wellness_Through_MTSS_FINAL.pdf Staff Well-Being | Alliance for a Healthier Generation https://api.healthiergeneration.org/resource/346
By December 31, 2025, reduce the number of school staff that report "never used" BH supports within the last 12 months by 25% since introducing additional supports.	**2024 Q4** - survey school staff participating in pilot in the first quarter of introducing BH supports to identify usage without much marketing. **2025 Q1** - provide marketing and/or incentive for participating. • Create marketing materials for programs for schools to distribute. • Identify a funder to provide incentives for participating in BH programming. **2025 Q3** - resurvey staff in pilot	CHIP School-Based Implementation Workgroup	Identified schools with interest and/or areas of SVI or vulnerable communities	# of surveys completed #of marketing materials disseminated #of participants in BH supports	Teacher Well-Being and Intentions to Leave: Findings from the 2023 State of the American Teacher Survey | RAND Secondary Traumatic Stress Handout

	to determine usage.				
By December 31, 2025, increase the percent of school staff that indicates an improvement in their mental health following participating in BH program by 25%.	**2024 Q2** - include general questions on survey of staff prior to participating in programming. **2025 Q3** - survey staff of participating schools after BH added. **2025 Q4** - review results to determine if programming improved mental health. **2025 Q4** - share findings with school administration and with larger community if appropriate.	CHIP School-Based Implementation Workgroup	Identified schools with interest and/or areas of SVI or vulnerable communities	#of surveys completed % of respondents indicating improvement in MH	School Mental Health Is Not Just for Students: Why Teacher and School Staff Wellness Matters - PMC

Revised: 1/6/2024

Priority Area 2 - Access to Care
CHIP Access Action Plan

Planning Period: January 1, 2023 - December 31, 2025

Goal: Improve patient access to behavioral health care and identify funding sources to reduce barriers.

Team Members: John Aller, Michelle Boone, Yvette Graham, Abby Griffith, Scott Hajba, Amanda Kelly, Cindy Linger, Dr. Anju Mader, Amanda Nelson, Kelly Potkay, Marisa Rohn, Leslie Shaffer, Lisa Zellers, Anita Combs, Tasha Catron, Adrianne Price

Objective	Action Step	Accountability	Inclusive Population (Addressing Health Inequities)	Evaluation/Measure	Health Equity Strategy/Policy
Strategy: Reduce non-treatment barriers to improve behavioral health access.					
By June 30, 2023, gather community input around mental health and access priority areas.	**2023 Q1** - facilitate core group and stakeholder meetings. **2023 Q1-Q2** - organize and implement community conversations. **2023 Q2** - identify CHIP strategies. **2023 Q3** - present and vote on identified CHIP strategies at Health Improvement Summit.	THRIVE at Work StarkMHAR	Community Members	# of core group meetings # of community conversations # of stakeholder meetings # of community participants # of Summit participants	PuttingtheCoHActionFrameworktoUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO
By December 31, 2023, initiate CHIP Implementation Workgroup to develop action plan.	**2023 Q3** - organize Access CHIP Implementation Workgroup. **2023 Q3-Q4** - determine lead agencies and identify missing stakeholders and sectors. **2023 Q4-2024 Q1** - develop CHIP Implementation Action Plan.	AHSC Aultman SCHD	Multi-Sectors	# of CHIP workgroup meetings # of CHIP workgroup participants # of sectors involved in planning	PuttingtheCoHActionFrameworktoUse.pdf Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO
By September 30, 2024, gather baseline data surrounding non-treatment barriers.	**2024 Q1** - gather and review existing patient/client data to identify most common non-treatment barriers faced. **2024 Q1** - develop transportation and other non-treatment barrier survey.	AHSC Aultman SCHD CCPH ACHD MCHD StarkMHAR	Behavioral Health Clients	# of administered surveys # of completed surveys % identified transportation as barrier % identified food insecurity as barrier	

Priority Area 2 - Access to Care
CHIP Access Action Plan

	2024 Q2 - administer survey to behavioral health clients **2024 Q3** - identify baseline data.	AFHC		% identified housing as barrier % identified another non-treatment barrier	
By December 31, 2024, identify strategies, initiatives or projects based on the data collected through the survey and data review to address non-treatment barriers.	**2024 Q3** - aggregate survey results and identify another non-treatment barrier to address in addition to transportation. **2024 Q4** - research and identify possible strategies, initiatives or projects to address transportation and other non-treatment barriers impacting residents.	CHIP Access Implementation Workgroup	High-Risk Populations High-Risk Zip Codes Behavioral Health Clients	Top three non-treatment barriers identified % survey respondents affected by top three non-treatment barriers Two to three strategies, initiatives or projects identified	
By December 31, 2025 implement identified strategies, initiatives or projects addressing transportation and other non-treatment barriers.	**2025 Q1-Q4** - implement identified strategies, initiatives or projects to address transportation and other treatment barriers.	TBA	High-Risk Populations High-Risk Zip Codes Behavioral Health Clients	TBA	
By December 31, 2025 research and identify funding to implement identified strategies, initiatives or projects.	**2024 Q1-2025 Q4** - research, identify and apply for funding to implement strategies, initiatives or projects.	CHIP Access Implementation Workgroup		# of grants identified # of grants applied for # of grants received	

Revised 1/9/2024